

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **31721**
4025

FILED SEP 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1507 Tracy Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp. #2</u>				d. STREET ADDRESS (If rural, give location) <u>1507 Tracy Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Granville</u>		b. (Middle) <u>-</u>		c. (Last) <u>Lewis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 2, 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNKNOWN</u>	8. DATE OF BIRTH <u>AUG. 2, 1893</u>		9. AGE (In years last birthday) <u>59 yrs</u>	10. IF UNDER 1 YEAR Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>PORTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>N.E. UNIVERSITY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LOFTIN, TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAJOR NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alberta Hines</u> ADDRESS <u>1507 Tracy</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>fractured skull</u> ANTECEDENT CAUSES <u>due to (b) arm & leg & thigh</u> DUE TO (a) <u>thigh</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 35</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>unknown</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JACKSON MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9/2/52 7:30 AM</u>	
21e. INJURY OCCURRED <u>WHILE AT WORK</u>		21f. HOW DID INJURY OCCUR? <u>Run over by A. Truck not A.D. accident</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. A. Jones</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1612 E 12th St</u>		23c. DATE SIGNED <u>9/11/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>SEPT 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LOFTIN</u>		24d. LOCATION (City, town, or county) (State) <u>LOFTIN, TEXAS</u>	
DATE REC'D BY LOCAL REG. <u>9-12-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. E. Davis</u>		ADDRESS <u>1415 TRUMAN</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Lundis H. Jackson

Licensed Embalmer No. *4850*

P. O. Address *X. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.